

EXPRESS MAIL LABEL **845440857 VS** DATE OF DEPOSIT: **12/1/99**  
 I hereby certify that the correspondence is being deposited with the United States Postal Service using "Express Mail Post Office to Addressee" service under C. F. R. Section 1.10 on the date indicated below and is addressed to the addressee herein.  
 By: **Auzville Jackson, Jr.**

jc662 U.S. PTO  
12/02/99

Please type a plus sign (+) inside this box →

Approved for use through 09/30/2000, OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. **EJ845440857 VS**

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
 (Submit an original and a duplicate for fee processing)

2.  Specification [Total Pages **20**]  
 (preferred arrangement set forth below)  
 - Descriptive title of the Invention  
 - Cross References to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference to Microfiche Appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (if filed)  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure

3.  Drawing(s) (35 U.S.C. 113) [Total Sheets **2**]

4. Oath or Declaration [Total Pages **2**]  
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
 (for continuation/divisional with Box 16 completed)  
 i.  DELETION OF INVENTOR(S)  
 Signed statement attached deleting  
 inventor(s) named in the prior application,  
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5.  Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission  
 (if applicable, all necessary)  
 a.  Computer Readable Copy  
 b.  Paper Copy (identical to computer copy)  
 c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))  
 37 C.F.R. § 3.73(b) Statement  Power of  
 (when there is an assignee)  Attorney

8.  English Translation Document (if applicable)

9.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
 Statement (IDS)/PTO-1449  Citations

10.  Preliminary Amendment

11.  Return Receipt Postcard (MPEP 503)  
 (Should be specifically itemized)

12.  Small Entity Statement(s)  Statement filed in prior application,  
 (PTO/SB09-12)  Status still proper and desired

13.  Certified Copy of Priority Document(s)  
 (if foreign priority is claimed)

14.  Other: \_\_\_\_\_

15.  Other: \_\_\_\_\_

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)				<input type="checkbox"/> Correspondence address below
Name	AUZVILLE JACKSON, JR.				
Address	8652 Rio Grande Road				
City	Richmond	State	VA	Zip Code	23229
Country	USA	Telephone	804/740-6828	Fax	804/740-1881

Name (Print/Type)	AUZVILLE JACKSON, JR.	Registration No. (Attorney/Agent)	17,306
Signature	<i>Auzville Jackson</i>		Date <b>12/2/99</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

12/02/99  
 09/453729

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	-20* =			x \$ _____ =	\$ -
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	-3** =			x \$ _____ =	-
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ _____ =	-
				BASIC FEE (37 C.F.R. § 1.16)	760
				Total of above Calculations =	760
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					380
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	380

## 6. Small entity status:

- A small entity statement is enclosed, if (b) and (c) do not apply.
- A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- Is no longer claimed.

## 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. \_\_\_\_\_.

- Fees required under 37 C.F.R. § 1.16.
- Fees required under 37 C.F.R. § 1.17.
- Fees required under 37 C.F.R. § 1.18.

8.  A check in the amount of \$ 420 is enclosed.9.  New Attorney Docket Number, if desired \_\_\_\_\_*[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]*

- 10 a.  Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b.  Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

- 11.  Other: \_\_\_\_\_

**NOTE:** *The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.*

## 12. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	.....	or <input checked="" type="checkbox"/> New correspondence address below  (Insert Customer No. or Attach bar code label here)			
Name	AUZVILLE JACKSON, JR.				
Address	8652 Rio Grande Road				
City	Richmond	State	VA	Zip Code	23229
Country		Telephone	(804) 740-6828	Fax	(804) 740-1881

## 13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	AUZVILLE JACKSON, JR.
Signature	<i>Auzville Jackson Jr.</i>
Registration No. (Attorney/Agent)	17,306
Date	12/2/99